

APPLICATION FOR THE DIXIE DOBRA MEMORIAL SCHOLARSHIP

This application is for an individual or family who is a first-time camper at the Georgia Mountains CFO. This application will be given to a family that may not be able to attend CFO without assistance. This scholarship takes care of Registration and Room and Board for the entire family selected. All applications must be received by May 1st to qualify for this scholarship. The winner of this scholarship will be notified no later than June 7th. The contact person for scholarships will attempt to contact all applicants that have applied. (This will allow each family to possibly receive other types of scholarships so they may still attend camp.)

Note: If no applications are received prior to May 1st the first eligible family will be awarded this scholarship.

Information for scholarship application:

Applicants First Name: _____ Last Name _____

Email Address: _____

Spouses First Name: _____ Last Name _____

Email Address: _____

Home Address: _____

City _____ State _____ Zip / Postal Code _____

Phone: _____ Cell Phone _____

(Best way to contact you: ___ HP ___ cell ___ text ___ email ___)

Children: Name _____ DOB / Age: _____ / _____ Rising Grade: _____

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By submitting this application, I am affirming that all information is true to the best of my knowledge. I understand that this is an application and doesn't guarantee me or my family being the recipient of the Dixie Dobra Scholarship.

Signature of Person(s) Submitting Application

_____ Date _____

_____ Date _____

Email application to: scholarships@georgiamountainscfo.org

Mail to: Ashlee Hedges
 Georgia Mountains CFO
 1951 Shoreline Trace
 Grayson, GA 30017